PTO/SB/22 (10-00) hrough 10/31/2002. OMB 0651-0031 S. DEPARTMENT OF COMMERCE s it displays a valid OMB control number.

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Docket Number (Optional)

PETITION FOR EXTENSION OF I	IME UNDER 37 C	FR 1.136(a) 255	2-00006			
-\	In re Application of	Toshihiko Muramatsu	<del>-</del>			
A PLANT OF THE PART OF THE PAR	Application Number	10/021,588 Filed	December 12, 2001			
\$	For Portable Telep	hone Apparatus				
,	Group Art Unit 2661	Examiner not yet assigned				
This is a request under the provision response in the above identified app	•	i) to extend the period fo	or filing a			
The requested extension and appro (check time period desired):		ty fee are as follows				
☐ One month (37 CFR	1.17(a)(1))		\$ <u>110</u>			
☐ Two months (37 CFF	R 1.17(a)(2))		\$			
☐ Three months (37 CI	FR 1.17(a)(3))		\$			
☐ Four months (37 CF	R 1.17(a)(4))		\$			
Five months (37 CF)	R 1.17(a)(5))	·	\$			
<ul> <li>Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$</li> <li>A check in the amount of the fee is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</li> <li>The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-0750.</li> <li>I have enclosed a duplicate copy of this sheet.</li> <li>I am the ☐ applicant/inventor.</li> <li>☐ assignee of record of the entire interest. See 37 CFR 3.71</li> <li>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</li> <li>☐ attorney or agent of record.</li> <li>☐ attorney or agent under 37 CFR 1.34(a).</li> <li>Registration number if acting under 37 CFR 1.34(a).</li> </ul>						
WARNING: Information on this form be included on this form. Provided the included on this form.	orm may become po de credit card inforn	nation and authorization	on on PTO-2038.  Stocks  ignature  ory A. Stobbs			
		Typed o	r printed name			

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

forms if more than one signature is required, see below\*.

forms are submitted.

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Tradema (ice: U.S. DEPARTMENT OF COMMERCE ersons are required to respond to a collection of information it displays a valid OMB control number.

PET TO A NOMITTAL	Complete if Known				
TRANSMITTAL	Application Number	10/021,588			
for FY 2002	Filing Date	December 12, 2001			
( APR 1 8 2002 🙀	First Named Inventor	Toshihiko Muramatsu			
Paten Rees are subject to annual revision.	Examiner Name	not yet assigned			
The same of the sa	Group / Art Unit	2621			
TOTAL AMOUNT OF PAYMENT (\$) 240	Attorney Docket No.	2552-000006			

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)								
			3. ADDITIONAL FEES									
☑ Check ☐ Credit card ☐ Money ☐ Other ☐ None Order				Large Entity		Small Entity						
Deposit Account:				Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid			
Deposit				105	130	205	65	Surcharge - late filing fee or oath	130			
Account 08-0750 Number					127	50	227	25	Surcharge - late provisional filing fee or cover sheet.			
Done	a a i t					<del></del> 1	139	130	139	130	Non-English specification	
Depo Acco		Har	rness, Dick	ey & Pierce, P.L.C.	-		147	2,520	147	2,520	For filing a request for reexamination	
Name	e						112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
☐ Charg	ge fee(s)	) indicat	ated below	ed to: (check all	overpayments		113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
				during the pende		plication	115	110	215	55	Extension for reply within first month	110
			deposit ac	count.	Illing icc		116	400	216	200	Extension for reply within second month	
			FEE C	ALCULATION			117	920	217	460	Extension for reply within third month	
1. B Large	BASIC FI						118	1,440	218	720	Extension for reply within fourth month	
Fee	•	Fee	Fee	Fee Description	1	I	128	1,960	228	980	Extension for reply within fifth month	
Code	(\$)	Code	(\$)	•		e Paid	119	320	219	160	Notice of Appeal	<b>  </b>
101	740	201	370	Utility filing fee			120	320	220	160	Filing a brief in support of an appeal	
106	330	206	165	Design filing fee			121	280	221	140	Request for oral hearing	
107 108		207 208	255 370	Plant filing fee Reissue filing fee			138	1,510	138	1,510	Petition to institute a public use proceeding	
114	160	214	80	Provisional filling	<b>—</b>		140	110	240	55	Petition to revive – unavoidable	<u>  </u>
				•	L		141	1,280	241	640	Petition to revive – unintentional	
i		ę	SUBTOTA	.L (1)	(\$)	0	142	1,280	242	640	Utility issue fee (or reissue)	<b>  </b>
2. EXTR	A CL AI	M FFF					143	460	243	230	Design issue fee	
2. LAIII	A CLA	VI FLL	3	Extra F	ee from	Fee	144	620	244	310	Plant issue fee	
i				Claims b	elow	Paid	122	130	122	130	Petitions to the Commissioner	
Total Claim	1S		-20 ** =	0 x	=	0	123	50	123	50	Processing fee under 37 CFR 1.17 (q)	
Independen: Claims	t	$\Box$	-3 <b>**</b> =	0 x	=	0	126	180	126	180	Submission of Information Disclosure Stmt	
Multiple Dependent				x [	=	0	581	40	581	40	Recording each patent assignment per property (times number of properties)	
Large Fee	Fee	Entity Small Entity  Fee Fee Fee Description			I	146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))		
Code 103	( <b>\$</b> ) 18	Code 203	e (\$) 9	Claims in excess of 20		149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))		
102	84	202	42	Independent claims in excess of 3		l				- ' '	<b>  </b>	
104	280	204	140	Multiple dependent claim, if not paid		179	740	279	370	Request for Continued Examination (RCE)		
109	84	209	42	** Reissue independent claims over original patent			169	900	169	900	Request for expedited examination of a design application	
110	18	210	9	** Reissue cla over original p	aims in excess o patent	of 20 and						
		SUBTOTAL (2) (\$) 0 Other fee (specify)										
**or number previously paid, if greater; For Reissues, see above *Reduced by Basic Filing Fee Paid *SUBTOTAL (3) (\$) 240												

SUBMITTED BY Complete (if applicable)							
Name (Print/Type)	Gregory AnStobbs	Registration No. Attorney/Agent)	28,764	Telephone	248-641-1600		
Signature	Street	on Stollo		Date	Apr 11,2002		

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